POSITION	INITIALS	!D NO.	DATE	-
FEE DETERMINATION	·			
O.I.P.E. CLASSIFIER				
FORMALITY REVIEW RESPONSE FORMALITY REVIEW				
RESPONSE FORWALITY REVIEW			· · · · · · · · · · · · · · · · · · ·	
				_
	INDEX OF	CLAIMS		
v			Non-elected	
=			Interference	
(Through numeral)		A O	Appear Ohiected	
		•	······································	
Claim Date	Claim	Date	Claim Date	
2 2 A 3	Original		<u> </u>	
Final Original St.	Final Original		Pinal Original	
	\$1 N		101	
2VVV	52		102	
3 1	53		103	
5 0 0	55		104	- - -
6 / 1	56		106	
	57		107	
8 / /	58 7		108	
9 0 1	59		109	+
	6		111	
12 0	62		112	
13 V V	(63)		113	
15 / /	65 1/2		114	+++
16 / /	66 1		116	
17 V V	67		117	
18 V V	68		118	
20 / /	70		120	+++
21 /	71		121	
22 /	72		122	
23 0 0	73 74		123	
29 1/1	75		125	+++
(25)/V/	76 12		126	
27 / / /	77	3 c.	127	
28 V V	78		128	+
30 , ,	80		130	
31	81		131	
32	82	\bot	132	
33	83 84	 	133	+++
35	85		135	
36	86		136	
37 38	87		137	
39	88	 	138	
40	90		140	111
41	91		141	
42	92		142	111
42]	93		143	 -
45	95	- 	145	+ + +
46	96		146	
	97		147	111
48 49	98 99		148	+++
 			149	+

If more than 150 claims or 10 actions staple additional sheet here

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